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CHOLERA INFANTUM.

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To the Learned and Honorable Faculty of the Homoeopathic Medical College of Pennsylvania the following remarks upon Cholera infantum are respectfully submitted by the Author for the Degree of Doctor of Medicine
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1.

There is a disease incident to young children known in different countries under various appellations, and to us inhabiting the central portion of ^{the} North American continent by the name of Cholera infantum. — Some of its most prominent symptoms, as will be shown hereafter, are analogous to those manifested in cases of that appalling malady, the Asiatic Cholera, whence probably its designation. (α χολη et πέν) Nor has this name been without just reason adopted in American practice, as this infantile affection bears nearly the same relation to the Sporadic Cholera of temperate climates [Cholera morbus nostras] as that in its turn sustains to the malignant and fatal scourge of India. [Cholera Indica] Each of these three types have points of similarity too well marked to escape the notice of attentive observers, although in other respects they differ widely.

Thus, marking the agreement of symptoms, we observe that they are in common characterized by much disturbance of the hepatic functions, by spasmodic cramps or gripings, by

mental distress, by abnormal alvine discharges and frequently by painful vomitings of billious fluids. In all these points then we perceive a resemblance, more or less striking, between these disorders usually termed Choleric, but sufficiently defined to enable us to pronounce them without hesitation a family/group. On the other hand they present marked differences, of a nature subordinate however to those just enumerated, and referring rather to intensity or degree of violence, and to the period of duration than to variance in any particular symptoms. We know that the vera cholera indica makes its fatal advances in the sultry regions of Bengal with fearful rapidity and redoubtable power. Often the patient ^{falls} a victim in two or three hours from the beginning of the attack.

In the Southern parts of Europe, as well as in this country, the symptoms of Cholera vulgaris are all of less violence, are more slowly developed, and the disease has with less degree of intensity a much longer period of duration. In other words, a tendency is manifested to assume the chronic form.

Lastly, placing Cholera infantum in comparison with the preceding types we shall be convinced at a glance that they bear very nearly the same relation to each other as the two former maladies. As the Sporadic is of less violence and more slowly developed than Asiatic Cholera, so the disease of infants is of less violence and of more tardy progress than in adults.

There is super-added another important point of difference between these two disorders; the tendency of the former (Cholera infantum) to pass its acute stage and degenerate into chronic irritation of the intestinal functions. Whence not unfrequently ensues long continued diarrhoea, verging closely upon dysentery. By this the little patient is gradually weakened until death finally closes the scene. In the treatment of Cholera infantum this tendency towards the assumption of a chronic condition must be borne in mind. Nor ought it to be forgotten that the disease may supervene without any decided manifestation of an acute stage.

It is to be confessed that at times there is no small degree of difficulty experienced in distinguishing slight cases of Cholera infantum from simple Diarrhoea, on the one hand, or obstinately chronic forms on the other from Dysentery characterized by mucous or purty discharges. Of course there must be in such cases some uncertainty in the mind as to the proper mode of treatment unless more certain criteria can be laid down for our guidance than we find at present offered us in the books. It is not within the scope of this definition to enter more fully in this place upon the subject; it will be discussed with all the care it deserves when we come to speak of curative treatment.

But to return to our definition — Some writers have chosen to speak of this disease as the Choleric Fever of Infants, although this phraseology is not altogether unobjectionable. Others regard the Cholera of Infants as entirely identical with "Watery Gripes" of the English peasantry, and not, as many strenuously insist, a disease peculiar

to this country). But without reason they affirm this, for it undoubtedly prevails in various parts of the world and, as we have before said, is known under various denominations. Owing to certain circumstances which will be mentioned when we come to treat of its causes, it is extremely prevalent in our Middle States during the continuance of hot weather. Hence the popular name of "Summer Complaint" by which it is known to multitudes of anxious mothers. Thus it has like its congeners, the Indian and Sporadic Cholera, a notable predilection for hot climates, disappearing quickly upon the approach of cool weather and being wholly unknown during the winter months of the temperate zones. The violence of its attack will generally be (*ceteris paribus*), in direct proportion to the existing temperature.

It also appears to be much more frequent and fatal in densely populated cities than in rural districts; a fact equally true, it may be remarked, of Asiatic Cholera and

the Sporadic form of extra-tropical localities. But, wherever place we find it the frequent occurrence of loose or liquid evacuations from the intestinal passages serve to mark its existence. Diarrhoea may indeed be considered as the principal symptom (σύμπτωμα) under which the little patient labors, and the especial characteristics of these discharges constitute essential guides in forming a correct diagnosis. In fact by many practitioners of the Allopathic School the alvine flux in Cholera infantum is regarded as the sole or chief object of treatment. But the more enlarged views of the Hahnemannian system give us truer ideas of Nature's operations, so that instead of mistaking constantly effects for causes, or vice versa causes for effects in morbid conditions of the organism we are enabled to discriminate mere secondary disturbances from primary lesions. If we attack the latter successfully, the former must of necessity disappear like spirits of darkness before the rosy dawn of returning health; but if, mistaking

the secondary symptom or effect for the primary disturbance, or real cause, we institute a course of treatment based upon such misconception, the result may be easily enough foretold. That certainly whose attainment is at once the boast and distinguishing glory of our School gives place to uncertainty the most perplexing. Nature's symptomatic language telling of disorder within, being falsely interpreted, perplexing doubts offer strong temptation to indulgence in theoretical, experimental, or perhaps even in purely empirical modes of practice. Who will be surprised when failure results? On the contrary the alvine evacuations is (as will be clearly made to appear hereafter) truly a secondary effect of the disease, of the greatest importance, it is true for the purpose of distinguishing accurately its precise nature and therefore of adopting an appropriate course of treatment. It can be readily demonstrated that the practice of the Allopathic School is not only ab-

sure, but positively dangerous, when they proceed upon the common supposition that in Cholera infantum the diarrhoea is the chief object of treatment. And here it may be allowed us to observe, that persons having charge of infants are apt to be similarly misled by belief in the popular notion that infantile looseness is always dangerous. They become alarmed therefore very often when there is not the least occasion for fear, and apply at once to stringent medicines which never fail to do harm. It should not be forgotten that these discharges are in many instances by no means symptomatic of serious derangement, but are rather salutary, as resulting from Nature's own efforts to expel certain effete or irritating matters from the body. When the general health of the child remains unaffected, but the stools are abnormally frequent, slimy, sour or curdled, or of a greenish hue, they

sought not to be too suddenly checked. Such evacuations naturally follow colds, and frequently too the suppression of cutaneous eruptions (exanthematischesis) and are then to be looked upon as favorable critical sequelae. So far from being harmful, they are advantageous, provided they do not exhaust the strength by too long a continuance.

Cholera infantum is, as we have said before, analogous to Cholera morbus of adults as to the time of its prevalence, being most common in the months of June, July, August and September. It often follows a change of weather from sultry heat to damp coolness, especially such as is occasioned in our Atlantic States by North Easterly winds. It attacks children mostly from the fourth to the twenty-fourth months. Very commonly during the period of dentition, and according to many writers on the subject the

second summer of infancy is liable to its invasion.

Evening seems to be the time generally for the beginning of the attack. Violent vomiting is quickly succeeded by copious discharges per anum of yellow or greenish looking matter, and of an acid rather than of a foetid odour. The child is exceedingly restless, irritable, feverish, with flushed skin, much thirst, pulse quick yet feeble; often we find a retraction of the umbilicus. I am inclined to doubt the occurrence of delirium as a concomitant symptom of this malady to such an extent as some affirm. It appears probable that tossing of the head, wild expression of the eyes, or such actions as are adduced in support of that opinion, may be merely the results of acute pain. I would not be understood to deny that cerebral affection may and sometimes does accompany the disease, but only its occurrence in a majority of cases. In weakly infants of scrofulous

diathesis, tainted with syphilitic poison or debilitated by previous disease, death may occur in so short a time as three hours. Healthy children have yielded to its violence, in six hours: but for the most part its course is more tardy, with protracted symptoms lasting even for weeks, such as we will now proceed to describe.

As the disease progresses from day to day the infant evinces considerable emaciation and loss of strength. Each morning the symptoms abate in some degree. Every evening they are perceptibly aggravated. Now the skin, losing the velvet-like softness and delicate tint of infancy becomes by turns dry, and clammy, with cold perspirations. The face looks pinched, presenting an appearance of suffering well known to the experienced practitioner. The face is, also, sallow, the eyes sunken in their sockets with livid circles around them. Fætid stools, small

in quantity but frequent, succeed the copious evacuations which marked the commencement of the disease. Occasionally they are limpid, or like dirty water, or they assume the character of dysenteric profluvia, being mucous, purulent, and streaked with blood. Febrile exacerbations are less marked, the mouth is foul and breaks out in sores, the breath stinking; the pulse gradually becomes irregular and very feeble, food is ejected immediately by vomiting, or passes the alimentary canal in an undigested condition. It becomes difficult to arouse the little sufferer from a state of apathy into which he has fallen. He lies at times gazing vacantly or staring fixedly at some object, at other times the eye-lids are half closed, and the patient lies in a dozing condition ~~bordering~~ upon coma. Towards the last the extremities are constantly cold, the feet become oedematous, the

abdomen, is tympanitic, petechiae appear upon the skin, sure tokens of extreme exhaustion; there is sometimes an eruption of small watery vesicles upon the neck, a symptom always unfavorable, though not, as some think, certainly indicating a fatal termination: In addition there is some dyspnoea, convulsions ensue, and death.

Cholera infantum, in common with Enteritis, Colitis and Asiatic Cholera, involves inflammation of the mucous coat lining the intestinal tube. We observe in them all considerable disturbance in the equilibrium of circulating fluids; or according to the views of some writers, an alteration in the ultimate structure of the primae viae by which a tendency to exosmosis of the watery portion of the blood is rapidly developed.

Post mortem investigations offer but few facts for our information concerning the nature of the

malady under consideration. In so far as they have been brought to light, they are such as one might reasonably expect, to find from the external phenomena observed, in its progress. In general terms there is more or less appearance of Inflammation in the mucous membrane of the alimentary canal, but variable ~~according~~ according to the duration of the disease. The muciparous follicles are found generally enlarged, often much inflamed, sometimes ulcerated. Engorgement of the liver, and alteration in its color are noticeable peculiarities, while the texture of that viscus is occasionally changed so that it appears soft, and abnormally friable. Much room remains for future observers to enlarge our knowledge of this interesting and important subject by careful post mortem researches. Perhaps the microscope will be the instrument by whose aid we

may hereafter arrive at more satisfactory conclusions. At present this branch of pathological inquiry is neglected and, our knowledge of the facts confessedly very imperfect.

Having described the symptoms of Cholera infantum, defined its characteristic phenomena, and pointed out some of its remarkable analogies to certain other disorders, we now turn our attention to an investigation of the causes to which its production has usually been attributed. In treating of these we feel compelled to abandon the common distinction into Predisposing and Exciting, or immediate causes, since every thing must be considered in the light of a cause to which we can trace an effect, however remote; and until we become able to assign definite reasons for ultimate vascular change, all causes whether they be predisposing or exciting, in the usual sense,

differ from one another merely in relative proximity to, or remoteness from, their ensuing effects. To denote them, then, by such terms, or to speak of them as primary, secondary, or the like, is only an ostentatious display of empty sound — *vox et preterea nihil* — a species of learned vanity well calculated to invest plain facts in a misty veil of metaphysical subtlety. It is well said by Professor Playfair the eminent mathematician that "in the description of natural phenomena theoretical language should as much as possible be avoided." Yet we often hear the complaint from persons unacquainted with our system that we record the observations of our provings without comment. They want to know how, why or wherefore such and such a drug produces such and such an effect? We can only tell them that the drug is administered: its effects

are produced, in a manner of which we are quite ignorant. The following passage from the same author (who is treating of the Baconian Philosophy) as exhibited in the *Novum Organum*, has such an obvious bearing upon this method of our School, and administers so just a rebuke to the theorists of the old practice, that I cannot forbear quoting it in full. In composing a history of natural phenomena, says Dr. Playfair, "theoretical language should, as much as possible, be avoided.

Appearances ought to be described, in terms which involve no opinion, with respect to their causes.

These last are the objects of separate examination, and will be best understood if the facts are given fairly, without any dependance on what should yet be considered as unknown. This rule is very essential where the facts are, in a certain degree complicated; for it is then much

easier to describe with a reference to theory than without it. It is only from a skilful physician that you can expect a description of a disease which is not full of opinions concerning its cause. " Let then the followers and blind worshippers of Hippocrates, Galen and Aristotle becloud their conceptions and amuse themselves with contemptible puerilities, it is not for us to imitate their example. We refuse to build a priori theories while the book of Nature lies open before us, and set above all things to follow Her teachings. Hence although, as we have intimated, we are yet quite unable to assign the actual mode of atomic vascular change which commences in the vasa vasorum and constitutes the ultimate cause of disease, we are nevertheless able to designate many circumstances which we know from experience may induce its attack.

Now the circumstances which may determine an attack of Cholera infantum, though quite numerous, may all be classified under one or another of the four following divisions: 1st It may be induced by whatever tends to produce general Debility of the system; 2^{dly}, by whatever tends to produce Nervous Irritability; 3^{dly}, by whatever tends to produce internal Congestion, or Inflammation; and 4^{thly}, by Miasmatic agencies. Let us examine each of these propositions, using the word Cause in the restricted sense above explained.

Cholera infantum may be induced by whatever tends to produce general Debility.

And foremost among the causes of Debility must be placed that delicacy of Constitution so often found to exist in children of tender age. As the vices and follies of parents residing in populous cities, are extremely apt to entail this defective Constitution

upon their offspring), one cannot fail to recognise here a corroboration of the statement made in our definition of the disease, that it is of less frequent occurrence in rural districts.

Not only do children inherit a feeble constitution, predisposed to invite disease, yet wholly unable to resist its ravages; many have the misfortune to come into the world tainted with syphilitic virus, or labouring under the complicated miseries inseparable from a scrofulous diathesis. Such are prone to every disease known in the catalogue of human suffering, and becoming exhausted by continual disorder often fall into a state of premature decay.

But whether the Constitution be originally bad or good, previous disease will always exercise an unfavorable influence by causing Debility. We should be especially apprehensive of ill consequences if the digestive apparatus be deranged by such previous disease.

Lack of sufficient nourishment. Want of personal cleanliness causes consequent debility, by allowing the functions of the skin to become impaired. A tradition to the effect that dirt cannot harm children is devoutly believed by the lower classes. But applied to infants nothing can be more false or injurious, in its consequences. Physiological researches have ascertained no fact more satisfactorily than the important part played by the cutaneous transpiration in the vital economy and grave results never fail to follow its disturbance.

Infancy requires much repose. Quiet and sleep, are quite as essential to health as nutritive food. Interference with these prime requisites is hurtful. Prominent among the causes of infantile Debility is confinement in close, dark, or heated apartments. Animal no less than vegetable life demands fresh air and sun-light. Without them nothing can

long maintain an healthy condition, and the child from whom they are withheld will drop and wither away.

Other causes of Debility might be adduced, but the limits of this paper will not allow us to mention them here: those already enumerated are by far the most common and worthy of notice.

Cholera infantum may be induced by whatever tends to produce Nervous Irritability.

Pentition occasionally gives rise to much nervous excitement which acts indirectly by a species of sympathetic influence upon the mucous lining of the intestines at an age when this is (to quote the words of a well known writer upon the subject) "already strongly predisposed to disease from the increased development and activity of the muciparous follicles which take place at that period." Nervous disorder not unfrequently takes its origin

from that prolific source of intestinal derangement,
Errors of Diet. Thus overrepletion of the stomach, even
with food wholesome when taken in moderate quan-
tity, is injurious. It is moreover to be observed that
any kind of food other than that naturally furnish-
ed by the breast of the mother is apt to disagree
with children. It would therefore be extremely inj-
udicious to give an infant any article of diet to which
it has never been accustomed, especially during
hot weather or in a location where cholera infantum
may then be prevalent. It is very properly re-
marked by Dr. Watson in his work upon
Practice that even in adult persons "an article of
diet which is perfectly wholesome and digestible,
and which the stomach bears well after a little
habit, will sometimes cause griping and purging
when it is taken for the first time."
A fact which will be readily admitted from the

personal experience of every one who has travelled much, and in itself very curious as exemplifying the influence of habit upon the powers of assimilation and digestion. If we were to take this instance of functional habit as a point from which to begin our investigations, we should be naturally led to consider the curious subject of artificial habits, and thence into the boundless field of Chronic disorder where one sees organic structures assuming various morbid and abnormal habits ad infinitum. But we turn, with reluctance, our eyes from that fair field of research: time will not allow us to advance farther in that direction. Yet, in leaving the doctrine of Habit thus untouched, we cannot but feel that in its development there is untold fame in reserve for future generations. Not only the careful student of Medical Science, but the Metaphysician also, have here the fullest

range for the exercise of genius. At present we can scarcely more than that it exists; to understand it in all its relations, is doubtless beyond the power of man. Habit is not, as the proverb tells us, a second nature; it is a part of Nature and as such, worthy of diligent study by those who would penetrate her mysteries.

Under Errors of Diet may be set down the ingestion of cold fluids when the body is over-heated; irritation produced by weaning; attempts to bring up a child by hand; and unnatural quality of the milk, which may arise from disease, or inordinate mental emotions of the nursing female;

Even Mental Emotions of the infant develop Nervous-irritability, particularly pain, fear and anger. It may seem a kind of solecism to class bodily pain among the mental emotions, but the connection between physical and mental distress is so intimate

in the infant mind, that we feel justified in assuming them to be practically identical.

We have already observed that rest and sleep are two conditions essential to the health of infants. Their deprivation is followed, even in adults by terrible nervous derangement.

Lastly, may be mentioned Intermittent. The presence of entozoa is often first suspected from the occurrence of sympathetic convulsions, or rather nervous symptoms depending on undue irritation of the alimentary passage. But of all these sources of irritation Dentition is on all hands allowed to be the most common.

Cholera infantum may be induced by whatever tends to produce internal congestion, or inflammation. Congestion of internal organs depending either upon a want of activity in the superficial capillaries, or a withdrawal of circulation into deeper channels

is generally found to take its inception from such circumstances, as the following;

Sudden vicissitudes of cold after heat often affects the system unfavorably, by checking perspiration too hastily. Such changes are almost unavoidable however, in our capricious climate, and are best rendered innoxious by careful attention to clothing. In our definition it was stated that Cholera infantum prevailed when cool damp weather alternated with excessive heat; which might be properly added by way of corollary to the preceding proposition.

Excessive heat alone, when long continued appears to promote congestion of certain viscera, and to induce abnormal biliary secretions. Probably this condition itself, originates primarily, in disturbance of cuticular functions. The suppression of cutaneous Eruptions is often hazardous. Chronic disease may

appear in an acute form, having, like a skilful general, only shifted its position, in order to, make a more formidable assault.

It is yet an undetermined question, in what degree Cholera infantum may be attributed to the direct influence of Miasmatic agencies. It is certain that some localities are preëminently noted for its prevalence, and this fact might at first sight appear to favor the presumption of miasmatic emanations; but there are so many existing sources of fallacy in the conditions of the problem that we are not able, in our present state of knowledge, to arrive at any definite conclusion concerning this subject.

Having now in pursuance of the plan laid down, discussed the Causes and Effects of Cholera infantum, we come to consider its Treatment. It will be seen that we have chosen to follow the usual order

adopted by writers on internal Pathology. They are accustomed to describe the appearances and symptoms of disease before mentioning the cause from which it may derive its origin. By this species of synthetic arrangement the Effects is made to precede the Cause when in an analytical point of view the latter should certainly precede the former. Writers however upon Surgery or external pathology as it is sometimes called seem to prefer the analytical order and this is evidently most natural. But before giving our views respecting the best mode of curative treatment it may not be amiss to review briefly the practice in vogue before the happy advent of Homoeopathic principles.

In this disease no less than in others, did, (and do to this day,) the learned sages of the Old School disagree. From the curious medley of their discordant authorities we have at some expence of patience,

extracted the following opinions. One antiquated
 author recommends "chalk, crabs-eyes" and another
 "testaceous powders," but above all he "prefers mag-
 nesia alba." Another venerable sage tells us "to vomit
 the patient well with ipecacuanha, then give
 frequent doses of rhubarb." O! admirable professor
 of the healing art, we wonder at thy skill! Again,
 we are told to purge the bowels thoroughly with castor
 oil, calomel &c, forsooth to expel all irritating humors,
 then to soothe the unhappy patient with opium.
 Now many patients well "soothed with opium"
 have sunk into their final repose we cannot pretend
 to say, but "the books say," and books we know never
 lie, that "stupor is a common symptom." It is a favorite
 practice with many to use "acetate of lead, calomel
 and prepared chalk." Lime-water says one, will over-
 come the irritability of the stomach. "Leeches should
 be applied to the temples, a blister upon the stomach

and blisters behind the ears," adds another. And so on to the end of the chapter do these solemn blockheads go, emptying bowls like bottles, and pouring chalk into the stomach to "correct acitities" as if that organ were really a chemical flask fit for every kind of experiment. But enough of such cruelty! If the sufferer has stamina sufficient to sustain the refined tortures of oils, chalks, mercury, lead, lime, leeches and blisters, in addition to the violence of the disease, all well and good; he recovers.

If he succumbs beneath the weight of their combined fury the bereaved parents have left them a melancholy satisfaction in knowing that their child was treated secundum artem.

In Treatment of Cholera infantum, or indeed of any other malady, it seems most conducive to accuracy of method if we begin by ascertaining how its causes may be removed, or if they be lo-

cally permanent, by removing the patient beyond the sphere of their malignant influence. For in vain shall we combat the disease while it is securely entrenched within its own domains, or is continually reinforced by accessions of strength from the very causes which gave rise to its invasion. Let us, therefore, before we invoke the aid of medicinal agents, inquire briefly, how those causes are to be eliminated and finally made to vanish under the counteracting influences of hygienic precautions and dietetic regimen.

Should we discover from the history of the case any circumstance, for example, likely to induce Debility, it must be remedied by every means in our power. Is the child of a feeble, or scrofulous diathesis? It must be amended, and greater care than usual exercised to prevent exposure to disease. As the infant becomes enfeebled through want of

nourishment? That must be cautiously increased. So ought personal cleanliness to be enforced when we detect negligence in this respect. Perhaps there is deficient oxygenation from want of fresh air, or the like? The remedy is obvious. If by such means we can restore the general vigor, a great advance is made at once towards the attainment of the desired object.

In like manner we proceed to examine the nervous aberrations offered, in each particular case: those of most common occurrence have been enumerated among the causes, and must be corrected by a judicious application of general principles. Nervous complications are the more difficult to overcome because they are obscure in their origin, and often dependant upon conditions very imperfectly understood. Still, in so far forth as they are discoverable, we should endeavor to check their

farther developement. This it is generally in our power to do, by removing sources of local irritation, and regulating the kind and amount, of diet, exercise and repose.

Respecting the Third Cause — internal Congestion, or Inflammation, it is only necessary to remark that it is much easier to avoid its occurrence than to remedy its effects. Imprudent exposure to alternations of heat and cold are to be guarded against; the infant must neither be allowed to receive the direct rays of the Sun by day, nor be carried out into the damp air by night. Lastly, we should not be too officious in hastily suppressing any Eruptive Eruption visible at this tender age. When there is reason to suspect the influence of Miasmata, there is but one course to be pursued, and that is the prompt removal of the patient to a healthy location. Hardly anything is more beneficial in

Cholera infantum of densely populated towns than sending the child into the country during the Summer heat. Such simple prophylactic measures as these will often avert the impending disease, or the prescribed regimen may even result in checking its progress when actually begun, but in neglected cases the agency of Medicine will be found requisite to effect a complete cure.

According to the particular circumstances attending each case we may successfully employ Acidum Muriat.; Acid. Nitr.; Acid. Sulph.; Aconitum; Antimon. tart.; Bellad.; Bryonia; Calcar. acetic.; Chamomilla; China; Colocynthis; Dule.; Ferum; Mercurius; Phosphorus; Pulsatilla; Sulph.; Veratrum alb.

These are more commonly indicated than the following, which nevertheless may be found in rapport with occasional symptoms: Carb. veg.; Specacuanha;

Nuxvomica, *Sepia*. Less frequently we resort to *Graphites*, *Aepar S.*, *Rhus t.*, and *Secale cornutum*. *Arsenicum* is a prominent medicament in *Cholera infantum* when the attack is sudden, without promitory symptoms, and severe; when the strength is rapidly prostrated; constant thirst with evacuations immediately after drinking; painful vomiting; face pinched, and sallow, resembling greasy parchment; pulse weak and intermittent. clammy perspiration; oedema of the extremities; stools watery, green, or slimy.

Arsenicum is a specific medicament in neglected cases when the stools are dark, putrid and profuse. *Sulphur* is indicated when the disease occurs in strumous children with milian eruption upon the neck or per totum corpus. In such cases it is to be followed by *Calcaria*.

Charnomilla is indicated when Errors of Diet have

caused irritation of the intestines, as well as for acidities, and bowel-complaint during Dentition. It is of great value when there is pain and distension of abdomen, vomiting frequent stools having the smell and appearance of rotten eggs; Convulsions.

In conjunction with Carbo veg., Byonia, when Diarrhoea is the result of hot weather. Among the symptoms elicited from careful provings of Byonia we find Ptechiae, abdominal cramps and constipation alternating with diarrhoea.

Mercurius is of service when Cholera infantum follows exposure to dampness; the evacuations frothy, like yeast, or blackish looking, and passed mostly in the night; Opthae; the child cries much; excoriations of the anus.

If vomiting is continual from the beginning of the attack Speacuanha is indicated, with Nux Vom. after the violence of symptoms has been subdued.

Veratrum album is next after Ars. and Chamom. one of the best remedies in use, when the disease assumes the appearance of Cholera Asiatica, with blue color of skin, coldness of extremities, pulse scarcely felt, and fingers shrivelled as if soaked in warm water; the breath cold. Puls. for mucous stools.

The last medicament we will mention, is Phosphorus; it is eminently serviceable in overcoming the chronic diarrhoea so apt to follow an attack of Cholera infantum. For the same object Sulphur may sometimes be substituted with happy effects, nor in selecting a remedial agent ought any of those above enumerated to be overlooked, for although but a few of them are here described in detail they are all valuable. And we believe that a case of Cholera infantum will seldom be met with which may not be successfully treated with one or more of them.

Occasionally tepid pediluvia are to be recommended when there ^{is} evident disposition to congestion of the brain; and as an accessory when the legs are cold and drawn up with crampy spasms. At an early stage of the disorder a clyster of warm water will relieve colicky tension of the abdomen, and gentle friction with the hand over that region has a similar tendency. But the greatest care must be taken to provide proper diet, or medicine will be of no avail. Food of the mildest nature only should be given in small quantities at a time.

In conclusion we shall merely ^{add} that in the description of symptoms here given, we have not scrupled to make use of observations made by authors of the Old School. Their general accuracy in the diagnosis of disease cannot be denied, and though truth and error, be strangely blended in their polished writings, we should not totally reject

as, obsolete or useless such treasures of learning and venerable experience. We admire the wonderful industry and acuteness of observations displayed therein, but we dissent entirely from their theories of practice, conceiving it our special privilege to look into the arcana of Nature, to separate patiently, what is true from what is false, and to elevate the Healing Art from a condition of humiliating uncertainty, to a scientific precision of principles by tracing their final relations, if our noble School will yet bring practical Medicine to such a degree of perfection that when the symptoms of any disease are ascertained and the indicated medicament administered, the cure will as surely follow as day succeeds the darkness of night.

Finis.